



# NACVSO *News*

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## An Overview from the Top

Congressman Steve Buyer, Chairman, House Committee on Veterans' Affairs

County veterans service officers are central to the efficient provision of health care and benefits to America's deserving veterans. Thank you for your great service.

The cause to serve veterans is personal to me. I followed my grandfather, father and brother into military uniform. My passage through The Citadel earned me an Army commission and inculcated a value system that enshrines duty, honor and country. As a Member of Congress and as a House Armed Services Subcommittee Chairman, I championed bills that have improved life for members of our armed forces and veterans, including TRICARE for Life, pharmacy entitlements for Medicare-eligible military retirees, increased military pay and benefits, and medical care and claims for those suffering from Gulf War illnesses. For a review of my legislative efforts, I invite you to visit the committee's website, <http://veterans.house.gov>.

Writing to county VSOs is both a privilege and a challenge: you are all by definition experts. As informed users of the veterans health care and benefits systems and as opinion leaders in your communities, it is important that we have a good dialogue on veterans issues. I'd like to address four key topics: claims adjudication, economic opportunity for veterans, seamless transition of returning servicemembers and veterans health care.

**Claims adjudication:** State and local veterans service officers play a valuable role in the claims process. The Committee has explored such options as state and local representatives submitting to VA fully developed, "ready to rate" claims. The veterans service officer's "stamp of approval" would tell the VA adjudicator that all the evidence is included and ready for review. Chairman of the Subcommittee on Disability Assistance and Memorial Affairs, Jeff Miller of Florida, intends to continue discussions with VA

on the topic of providing such increased access to veterans service officers.

VA Secretary R. James Nicholson and Under Secretary Daniel Cooper are making every effort to increase quality and productivity in the current adjudicative and appellate processes for veterans. We must see improvements in reducing the backlog and the time required to adjudicate claims accurately. As evidenced by the recommendations of the VA Claims Processing Task Force and the President's budget submissions for Fiscal Years 2004, 2005 and 2006, VA recognizes that they must work more closely with national and local veterans service officers to build a responsive disability claims system.

Congressman Miller's Subcommittee, jointly with the new Subcommittee on Economic Opportunity (chaired by Congressman John Boozman of Arkansas), will also explore training initiatives for veterans service officers. While we don't necessarily support "legislating" a partnership between service officers and VA, further consideration of the issue is important.

**Economic opportunity:** Servicemembers returning to civilian life often need assistance in returning to the workforce, or in some cases entering that workforce for the first time. Among my first acts as Chairman was to form the Subcommittee on Economic Opportunity. One of the greatest services our government can provide veterans is helping them transition from the military to an independent, productive and dignified civilian life. This new Subcommittee will help veterans, who protected our system of free enterprise, fully participate in it after they hang up their uniforms.

This wise investment harnesses the same spirit and drive that has won our nation's battles to contribute to our nation's workforce and build our nation's economy. As we reeval-



Congressman Steve Buyer

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ate VA programs, we will also look for new opportunities with the Veterans' Employment and Training Service at the Department of Labor to ensure the highest possible levels of cooperation and program coordination.

**Seamless transition:** Once a servicemember leaves active duty, the process for determining eligibility for veterans' benefits, assessing health status and receiving VA health care should be seamless, timely and accurate. This requires close coordination between the Department of Defense and VA. The process has improved since the beginning of Operation Iraqi Freedom and Operation Enduring Freedom, with such requirements as pre- and post-deployment physicals, VA orientation briefings on demobilization, and the presence of veterans benefits counselors in some military hospitals.

Yet we must do better. We cannot expect returning servicemembers – brand-new veterans – to grasp all the complexities of veterans benefits and be able to ask all the right questions, especially during the emotionally charged period of redeployment and demobilization. We must do some of this heavy lifting for them (and you, the county VSO, provide an invaluable service in this regard). One transition innovation we must develop is the electronic DD Form 214; physical records are a perpetual stumbling block to seamlessness. Within the Departments we must harness the power of electronic information transfer.

**Health care:** We must preserve quality care for those who need us most in the face of surging enrollments and a budget that is not limitless.

Providing service-disabled veterans, those with special needs and the indigent with quality care has been the traditional mission of the VA. The Veterans' Health Care Eligibility Reform Act of 1996 (Public Law 104-262) restructured the VA system. The law put in place a system of annual patient enrollments and authorized health care based on a system of priorities in which core veterans were assigned the highest priority. Care for nonservice-connected veterans and those with higher incomes was authorized only when resources were available. The law, wisely I think, also expanded the services VA could provide to veterans.

Congress required VA to manage its health care services through a system of seven priority groups, which has since grown to eight groups. Core constituency veterans, such as the service-disabled, those with special needs and the indigent, were in the top priority groups. In the lowest priority group were veterans with no service-connected dis-

abilities and with higher incomes – and presumably other health care options.

Passage of eligibility reform was in part based on a VA conclusion that, while reform might cause increased enrollments, it would be budget-neutral – if not actually save money. Reform presumed that more veterans could get cheaper preventative outpatient care, reducing the need for expensive inpatient treatment later on. The Congressional Budget Office and the Government Accountability Office, however, believed reform would attract so many new users that it would dramatically drive up costs. Nonetheless, Congress and the President accepted VA's conclusion, which has since been proven wrong. The Congressional Budget Office and the Government Accountability Office were exactly right.

At the time eligibility reform legislation was being debated and developed, there was widespread support among the veterans service organizations and the veterans community for giving top priority to veterans with service-connected conditions. That support has not changed: our service-disabled, special needs and indigent veterans are our top priority for health care – after the battle, we care first for our wounded and only then do we consider ourselves; we accord our comrades the same priority at home.

Another theme that got much support was a call for third-party collections, including Medicare payments to VA. The department has indeed made solid progress in collections, but still has far to go.

The effects of eligibility reform are now playing out before our eyes. Enrollments have topped 7 million. Even with unprecedented budget increases, burgeoning enrollments among veterans whose injuries and illnesses are not service-connected has strained our ability to provide quality care to veterans who need it most. The number of priority group 7 and 8 patients was 1,200 percent higher in 2003 than in 1996. This situation was neither our intent in Congress, nor the intent, based on their testimony, of the veterans service organizations.

The challenge is preserving quality care for our priority veterans in the face of growing enrollments. Our servicemen and women serving today in Iraq, Afghanistan and around the world, and those of prior service must be assured that health care and benefits will be there for them

To ensure sustainable, quality care, we must make the best use of every technology enhancement, every sound

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management practice, every dollar sent to Washington by a taxpayer, and every good example we can find elsewhere in the health care and business sectors. VA's information technology system must, for example, be managed more centrally to improve efficiencies.

The nation has kept faith with its veterans. Spending for veterans health care and benefits has increased consistently in recent years. President Bush, working with Congress, has increased veterans health care funding over 40 percent since 2001 – quite a contrast from inaccurate charges over the past few years that the budget has been “cut.” For Fiscal Year 2006, the President's veterans health care budget proposal is a record \$30.7 billion, and I have recommended increases across the spectrum of health care and benefits:

- \$293 million increase to continue the State Nursing Home Partnership.
- \$317 million increase in discretionary funding for veterans' health care on top of the President's increase (translates into over \$1 billion more in health care).
- \$12.6 million increase for medical and prosthetic research.
- \$45.6 million increase in minor construction to begin a five-year \$300 million National Shrine Commitment Project.
- \$6 million for an additional 50 FTEE at the Board of Veterans' Appeals.

I am proud of this Committee's recent record of strong budgets and veterans' advocacy. Care for veterans is a bipartisan issue and a privilege with which to be associated. We will continue to keep our focus on the long-term view and the assurance of the highest quality care for those who served us in our time of need and who now need us most. I welcome your insights and look forward to working in partnership with you, and again, on behalf of the Committee's Members and staff, thank you for your service to our veterans and their families.

Congressman Steve Buyer is Chairman of the House Veterans' Affairs Committee (<http://veterans.house.gov>). A 1980 graduate of The Citadel, he was commissioned in the U.S. Army Reserve. In 1990, with three days' notice, Congressman Buyer closed his Indiana law practice to serve on active duty in Operations Desert Shield and Desert Storm. Congressman Buyer continues to serve as a Colonel in the Army Reserve.

Comments on veterans issues for Congressman Buyer may be directed to (202) 225-3527 or House Committee on Veterans' Affairs, 335 Cannon House Office Building, Washington, DC, 20515.

## Quick Update

Jane Roland, Conference Director

If you are having trouble making room reservations or if you are told the hotel room block is sold out, please call me and we'll get it straightened out.

Also, when you made your reservations, if you were told you would have to change rooms in mid week, please let me know.

Jane Roland, 419-289-0661

### 2004-2005

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